

Fill in this information to identify the case:

Debtor name Cornerstone Tower Service, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 16-40787

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 6, 2016

X /s/ James Scheer

Signature of individual signing on behalf of debtor

James Scheer

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Cornerstone Tower Service, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **16-40787**

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 1,566,097.28
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 1,566,097.28

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 965,500.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 176.19
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,628,018.74
4. Total liabilities Lines 2 + 3a + 3b	\$ 2,593,694.93

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United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)
 Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. **Heritage Bank - Balance as of May 13, 2016 - negative \$3,981.40**

Checking

\$0.00

3.2. **Wells Fargo Bank - Balance as of May 13, 2016**

Checking

\$13,173.51

3.3. **Bank of the West - Balance as of May 13, 2016**

Checking

\$45,575.27

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$58,748.78

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
 Description, including name of holder of deposit

7.1. **Security deposit with M.A. Linbald, LLC**

\$200.00

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7.2. **Security deposit with Holland Properties**

\$1,200.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$1,400.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 0.00 - 0.00 = **\$0.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Inventory located in Colorado and Nebraska - See item 76 on attached Asset List		\$0.00		\$30,000.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$30,000.00

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Name

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Office printers, chairs, computers, phones, file cabinets, TV's, desks, security camera system, cell phones/chargers/cases/data cards/tablets, miscellaneous office supplies - Nebraska	\$0.00		\$2,265.00
Office furniture, computers, monitors, printer, miscellaneous office supplies and equipment located at Severance, CO office - See items 77, 78 and 79 on attached Asset List	\$0.00		\$6,500.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$8,765.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

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Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. Vehicles and trailers located in Colorado and Nebraska - See items 51 through 71 of attached Asset List	\$0.00		\$725,000.00
47.2. 2016 GMC Sierra 3500 Crew Cab (blue) - leased	Unknown		\$80,000.00
47.3. 2016 GMC - leased	Unknown		\$80,000.00
47.4. 2016 GMC Sierra 2500 Crew Cab - leased	Unknown		\$57,000.00
47.5. 2016 GMC Sierra - leased	Unknown		\$57,000.00
47.6. 2015 GMC Yukon (leased)	Unknown		\$45,000.00
47.7. 1994 Chevrolet K2500 (red)	\$0.00		\$1,500.00
47.8. 2009 Buick Lucerne CX	\$0.00		\$4,000.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Tools, rigging, medium-small equipment, generators, transits, laser levels, laser tapes, older forklifts, winch lines, blocks, slings, power tools, welders, torches, core drills, comealongs, cable grips, electric capstan hoists, compactors, connector and ground kit prep tools, etc. located in Colorado and Nebraska - See item 75 on attached Asset List			
	\$0.00		\$45,000.00
Machinery and equipment located in Colorado and Nebraska - See items 1 through 50, 72, 73 and 74 on attached Asset List	\$0.00		\$372,683.50

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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$1,467,183.50

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Workers comp overpayment for 2015-2016 policy period

\$0.00

Nature of claim

Amount requested

\$0.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

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78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$58,748.78	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,400.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$30,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$8,765.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$1,467,183.50	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,566,097.28	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,566,097.28

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CORNERSTONE TOWER SERVICE, INC.

BK16-40787

ATTACHMENT TO SCHEDULE B

ASSET LIST

	Description: Equipment, Technology Assets, Real Estate, Autos (make, model, address, etc.)	Location	Market Value
1	700 MHz LTE PIMPro Passive Intermodulation analyzer (PIM)	CO	\$5,970.00
2	700 MHz LTE PIMPro Passive Intermodulation analyzer (PIM)	CO	\$5,970.00
3	850 MHz Cellular PIMPro Portable Passive Intermodulation Analyzer (PIM)	CO	\$7,180.00
4	850 MHz Cellular PIMPro Portable Passive Intermodulation Analyzer (PIM)	CO	\$7,180.00
5	850 PIM Master Passive Intermodulation Analyzer	CO	\$7,180.00
6	1900 MHz Cellular PIMPro Portable Passive Intermodulation Analyzer (PIM)	NE	\$16,000.00
7	2MHz-4GHz Site Master handheld cable and antenna analyzer	CO	\$7,180.00
8	2MHz-4GHz Site Master handheld cable and antenna analyzer/411-Ethernet Connectivity	CO	\$6,150.00
9	2MHz-4GHz Site Master handheld cable and antenna analyzer/411-Ethernet Connectivity	CO	\$6,150.00
10	2MHz-4GHz Site Master handheld cable and antenna analyzer/411-Ethernet Connectivity	CO	\$6,150.00
11	Anritsu Site Master S820C (Microwave)	NE	\$6,150.00
12	Anritsu Site Master SR10A (Microwave)	CO	\$9,000.00
13	Anritsu Site Master S251C Sweepgear	CO	\$6,000.00
14	Anritsu Site Master S331B Sweepgear	CO	\$3,500.00
15	Anritsu Site Master S331C Sweepgear	CO	\$3,500.00
16	Anritsu Site Master S331C Sweepgear	CO	\$3,500.00
17	KMW RET Controller	CO	\$3,500.00
18	Andrew RET Controller	CO	\$250.00
19	Andrew RET Controller	CO	\$312.50
20	Andrew RET Controller	CO	\$312.50
21	Powerwave Rack Mounted RET Controller	CO	\$312.50
22	Kathrein RET Controller	CO	\$100.00
23	T-BERD 2000 Handheld Modular Test Set w/Quad OTDR /1.25-1.25 UPP adapter/10MLC-10 M LC/LC	CO	\$250.00
24	T-BERD 2000 Handheld Modular Test Set w/Quad OTDR /1.25-1.25 UPP adapter/10MLC-10 M LC/LC	CO	\$4,610.00
25	T-BERD 2000 Handheld Modular Test Set w/Quad OTDR /1.25-1.25 UPP adapter/10MLC-10 M LC/LC	CO	\$4,610.00
26	T-BERD 2000 Handheld Modular Test Set w/Quad OTDR /1.25-1.25 UPP adapter/10MLC-10 M LC/LC	CO	\$4,610.00
27	Smartclass Fiber Power Meter & Microscope/PRO-Pro Kit	NE	\$4,610.00
28	Smartclass Fiber Power Meter & Microscope/PRO-Pro Kit	CO	\$2,500.00
29	Smartclass Fiber Power Meter & Microscope/PRO-Pro Kit	CO	\$2,500.00
30	Video Inspection Scope (Fiber)	NE	\$2,500.00
31	Nardaalert S3 Radiation Alert Monitor	CO	\$1,500.00
32	Digicat 550i Cable Avoidance Tool	CO	\$1,050.00
33	Quick-Check Wire Tension Meter	NE	\$600.00
34	700 PIM Master Passive Intermodulation Analyzer w/ Accessory Case & GPS Antenna	NE	\$2,125.00
35	700 PIM Master Passive Intermodulation Analyzer w/ Accessory Case & GPS Antenna	CO	\$12,417.00
36	700 PIM Master Passive Intermodulation Analyzer w/ Accessory Case & GPS Antenna	CO	\$12,417.00
37	850 PIM Master Passive Intermodulation Analyzer & Accessory Case	NE	\$12,417.00
38	1900/2100 PIM Master Passive Intermodulation Analyzer & Accessory Case	NE	\$16,000.00
39	1900/2100 PIM Master Passive Intermodulation Analyzer	NE	\$16,500.00
40	1900/2100 PIM Master Passive Intermodulation Analyzer & Accessory Case	CO	\$16,500.00
41	2MHz-4GHz Site Master handheld cable and antenna analyzer/411-Ethernet Connectivity	CO	\$6,150.00
		NE	\$6,150.00
42	Qty. 2 - T-BERD 2000 Handheld Modular Test Set w/Quad OTDR /1.25-1.25 UPP adapter/10MLC-10 M LC/LC + Smartclass Fiber	CO	\$5,500.00
43	18" x 60' Gin Pole	NE	\$9,250.00
44	(5) PPC Tool Kits @ \$4,200/each	NE	\$21,000.00
45	(2) DP Manufacturing 12,000 hoists	(2) CO, (3) NE	\$10,500.00
46	Bobcat Skid Steer Loader	NE	\$12,000.00
47	Bobcat Mini Excavator	NE	\$22,000.00
	Skidsteer snow blower attachment	CO	\$24,000.00
48	AntennAlign Alignment Tool/WLS WI-FI Option and Sw Active AAT Soft Case for Transporting AAT and Rangefinder	NE	\$5,000.00
49	Spartan Equipment 8' Wide Grader Blade Attachment With Proportional Current Valve End Plate Kit, Grader	NE	\$4,500.00
50	Octane Sit Down Rider (forklift)	NE	\$6,000.00
51	Freightliner M2 Straight Truck (White) Boxtruck #8	CO	\$18,000.00
52	2014 Manltex 40 Ton Boom Truck (40124S) #11	NE	\$47,000.00
53	2014 GMC Sierra 2500 Crew Cab (Sonoma Red) #15	CO	\$325,000.00
54	2015 GMC Sierra 2500 Crew Cab (Sonoma Red) #17	NE	\$32,000.00
55	GMC Sierra 3500 Crew Cab (White) #18	NE	\$37,000.00
56	2015 GMC Sierra 2500 Crew Cab (Mocha) #23	NE	\$30,000.00
57	2015 GMC Sierra 2500 Crew Cab (Stealth Gray) #20	NE	\$45,000.00
58	2015 GMC Sierra 3500 Crew Cab (Silver) #21	NE	\$38,000.00
		CO	\$38,000.00

	Description: Equipment, Technology Assets, Real Estate, Autos (make, model, address, etc.)	Location	Market Value
59	2015 GMC Sierra 2500 Crew Cab (Black) #22	NE	\$40,000.00
60	2015 GMC Sierra 2500 Crew Cab (Bronze) #19	CO	\$37,000.00
61	1997 Buck Dandy, 20'	CO	\$3,500.00
62	1998 May 18' Flatbed	NE	\$2,500.00
63	2000 DTC Flatbed, 18'	CO	\$3,500.00
64	1998 May 18' Flatbed	CO	\$2,500.00
65	2001 United, 18' Enclosed	NE	\$1,500.00
66	2001 Haulmark Enclosed	NE	\$2,000.00
67	1998 Cargo Sport Trailer Enclosed	NE	\$3,500.00
68	2007 Mirage 20' Excel V Nose Enclosed	NE	\$4,500.00
69	2012 Delta 30' Gooseneck Flatbed Black	NE	\$5,500.00
70	2013 United UXTV 18' Enclosed	NE	\$14,500.00
71	2014 United UXT Trailer Enclosed	NE	\$12,500.00
72	2008 Ground Heater	NE	\$6,500.00
73	Skidsteer post hole attachment	NE	\$1,200.00
74	Skidsteer trench compactor attachment	CO	\$3,500.00
	Tools, rigging, and medium-small equipment. Generators, transits, laser levels, laser tapes, older forklifts, winch lines, blocks, slings, power tools, welders, torches core drills, comealongs, cable grips, electric capstan hoists, compactors, connector and ground kit prep tools, etc.	35% CO, 65% NE	\$45,000.00
75	Inventory	40% CO, 60% NE	\$30,000.00
76	Office Furniture - Desks, Chairs, and Cabinets, etc.	Severance, CO Office	\$3,000.00
77	Computers (laptop & desktops), monitors, and printer	Severance, CO Office	\$2,000.00
78	Misc. Office Supplies & Equipment	Severance, CO Office	\$1,500.00
79			
80			

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Debtor name Cornerstone Tower Service, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 16-40787

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ally <small>Creditor's Name</small> PO Box 130424 Saint Paul, MN 55113-0004 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2014 GMC 2500 crew cab, 2015 GMC 2500 crew cab (bronze) Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$57,900.00	\$69,000.00

2.2	Electro Rent Corp. <small>Creditor's Name</small> 27315 Network Place Chicago, IL 60673-1273 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien JDSU T-Berds, PIM's, JDSU scope, Anr S331E, NR-S331E, 2012 Bobcast skidsteer loader S205 and Bobcat Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$50,000.00	Unknown
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Debtor **Cornerstone Tower Service, Inc.**

Case number (if know) **16-40787**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3

Financial Pacific Leasing, Inc.

Creditor's Name

**PO Box 749642
Los Angeles, CA
90074-9642**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2014 Octane forklift

\$5,100.00

\$18,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4

GE Capital

Creditor's Name

**PO Box 31001-1351
Pasadena, CA 91110-1351**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2012 Mini Excavator

\$27,200.00

\$24,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5

Hitachi Capital America Corp.

Creditor's Name

**21925 Network Place
Chicago, IL 60673-1219**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2015 GMC 2500 crew cab

\$32,800.00

\$37,000.00

Describe the lien

Debtor **Cornerstone Tower Service, Inc.** Case number (if know) **16-40787**

Name

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 **Hogan**

Creditor's Name

**940 N. 1250 West
Centerville, UT 84014**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2008 ground heater

\$20,000.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 **Isuzu Finance of America, Inc.**

Creditor's Name

**7865 Solution Center
Chicago, IL 60677-7008**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2012 Freightliner (box truck), 2014 GMC 3500 crew cab (white), 2015 GMC 2500 crew cab (bronze), 2015 GMC 2500 crew cab (Stealth), 2015 GMC 3500 crew cab (Quicks), 2015 GMC 2500 crew cab (black)

\$153,500.00

\$191,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **Cornerstone Tower Service, Inc.** Case number (if know) **16-40787**

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent
☐ Unliquidated
☐ Disputed

2.8	TCF Equipment Finance	Describe debtor's property that is subject to a lien 2014 Freightliner/Crane	\$300,000.00	\$325,000.00
	Creditor's Name PO Box 77077 Minnetonka, MN 55480-7777			
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.9	WCG Leasing, LLC (Weld Co.)	Describe debtor's property that is subject to a lien Lease of 2016 GMC, 2016 GMC Sierra 2500 crew cab, 2016 GMC Sierra, 2015 GMC Yukon	\$239,000.00	\$239,000.00
	Creditor's Name 2699 47th Ave. Greeley, CO 80634			
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.1 0	Wells Fargo Dealer Services	Describe debtor's property that is subject to a lien 2016 GMC 2500 crew cab (blue) Leased	\$80,000.00	\$80,000.00
	Creditor's Name PO Box 17900 Denver, CO 80217-0900			
	Creditor's mailing address	Describe the lien		

Debtor Cornerstone Tower Service, Inc.		Case number (if know) 16-40787
Name		
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$965,500.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Jeffrey Kurtzman Attorney at Law 401 S. 2nd St., Ste. 301 Philadelphia, PA 19147	Line <u>2.2</u>	
Victor Covalt, Attorney at Law PO Box 81229 Lincoln, NE 68501-1229	Line <u>2.2</u>	
Victor Covalt, Attorney at Law PO Box 81229 Lincoln, NE 68501-1229	Line <u>2.9</u>	

Fill in this information to identify the case:

Debtor name **Cornerstone Tower Service, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **16-40787**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Nebraska Dept. of Labor-Legal Counsel PO Box 94600 Lincoln, NE 68509-4600	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$176.19
	Date or dates debt was incurred	Basis for the claim:	\$176.19
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Accuster Survey 30601 County Road 17 Mitchell, NE 69357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$675.00
3.2	Nonpriority creditor's name and mailing address Ace Electrical Contractors, Inc. 5465 Hwy. 169 North Plymouth, MN 55442-1903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,220.00

Debtor	Cornerstone Tower Service, Inc. <small>Name</small>	Case number (if known)	16-40787
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3.3	Nonpriority creditor's name and mailing address Advanced Crane & Rigging 21978 Platteview Rd., Ste. 200 Gretna, NE 68028 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.81
3.4	Nonpriority creditor's name and mailing address Advanced Lightning Tech 122 Leesley Lane Argyle, TX 76226 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,713.20
3.5	Nonpriority creditor's name and mailing address After Hours Grafix 1113 10th St. Aurora, NE 68818 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$354.59
3.6	Nonpriority creditor's name and mailing address Ahern Rentals, Inc. PO Box 271390 Las Vegas, NV 89127-1390 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,969.15
3.7	Nonpriority creditor's name and mailing address Anixter, inc. PO Box 847428 Dallas, TX 75284-7428 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,717.03
3.8	Nonpriority creditor's name and mailing address Arapahoe Rental 1700 E. County Line Rd. Littleton, CO 80126 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$584.87
3.9	Nonpriority creditor's name and mailing address Associated Engineering, Inc. 2705 N. Main St. Omaha, NE 68022 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00

Debtor	Cornerstone Tower Service, Inc. <small>Name</small>	Case number (if known)	16-40787
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3.10	Nonpriority creditor's name and mailing address Aupperle Plumbing & Heating, Inc. 213 West Front St. North Platte, NE 69101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$661.85
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3.11	Nonpriority creditor's name and mailing address B & B Crane Service, Inc. PO Box 9667 Rapid City, SD 57709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,601.19
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3.12	Nonpriority creditor's name and mailing address B & C Steel 5320 Cook St. Denver, CO 80216-2434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,648.04
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3.13	Nonpriority creditor's name and mailing address Baker and Associates 210 E. 16th St., Ste. A Scottsbluff, NE 69361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00
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3.14	Nonpriority creditor's name and mailing address Bank of Wood River PO Box 5138 Grand Island, NE 68802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>(Now known as Heritage Bank)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.15	Nonpriority creditor's name and mailing address Barr Credit Services, Inc. 5151 E. Broadway Blvd., Ste. 800 Tucson, AZ 85711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection for Wright Way Trans, LLC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,005.60
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3.16	Nonpriority creditor's name and mailing address Barton Supply 14800 E. Monecrieff Place Aurora, CO 80011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,916.02
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Debtor	Cornerstone Tower Service, Inc. <small>Name</small>	Case number (if known)	16-40787
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3.17	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of Nebraska PO Box 3801 Omaha, NE 68103-0801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,543.80
3.18	Nonpriority creditor's name and mailing address Blue Line Rental PO Boxz 840062 Dallas, TX 75284-0062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.21
3.19	Nonpriority creditor's name and mailing address Bosselman Energy PO Box 1567 Grand Island, NE 68802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$795.34
3.20	Nonpriority creditor's name and mailing address Brownstar Porta a Potties 71478 633 Ave. Humboldt, NE 68376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$252.00
3.21	Nonpriority creditor's name and mailing address Buckeye Welding Supply 360 E. 8th St. PO Box 1522 Greeley, CO 80632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.09
3.22	Nonpriority creditor's name and mailing address C & D Plumbing & Heating PO Box 894 North Platte, NE 69103-0894 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.00
3.23	Nonpriority creditor's name and mailing address Capstone Business Funding, LLC 810 Seventh Ave., 27th Floor New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00

Debtor	Cornerstone Tower Service, Inc. <small>Name</small>	Case number (if known)	16-40787
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3.24	Nonpriority creditor's name and mailing address Carlson Systems PO Box 3036 Omaha, NE 68103-0036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.67
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3.25	Nonpriority creditor's name and mailing address CCI Extending Wireless Performance 89 Leuning St. South Hackensack, NJ 07606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,097.52
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3.26	Nonpriority creditor's name and mailing address Cedar Supply 720 S. College Ave. Fort Collins, CO 80525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,219.78
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3.27	Nonpriority creditor's name and mailing address Chatham Electric PO Box 34977 Juneau, AK 99803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.60
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3.28	Nonpriority creditor's name and mailing address Citibank, NA 388 Greenwich St., 22nd Floor New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.29	Nonpriority creditor's name and mailing address Comcast PO Box 34744 Seattle, WA 98124-1744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.37
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3.30	Nonpriority creditor's name and mailing address Commercial Finance Partners, LLC 340 SE 1st St. Delray Beach, FL 33483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Cornerstone Tower Service, Inc. Name	Case number (if known)	16-40787
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3.31	Nonpriority creditor's name and mailing address Concentra Occupational Health Centers of the Southwest, P.A., P.C. PO Box 9008 Broomfield, CO 80021-9008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
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3.32	Nonpriority creditor's name and mailing address Concentra Occupational Health Centers of Kansas PO Box 369 Lombard, IL 60148-0369 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.00
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3.33	Nonpriority creditor's name and mailing address Consolidated Concrete Co. PO Box 7 Hastings, NE 68902-0007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$728.24
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3.34	Nonpriority creditor's name and mailing address Construction Rental 2120 E. 4th St. North Platte, NE 69101-7408 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,050.01
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3.35	Nonpriority creditor's name and mailing address Corporate Lodging Consultants, Inc. PO Box 534722 Atlanta, GA 30353-4472 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,000.00
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3.36	Nonpriority creditor's name and mailing address Corporation Services Company PO Box 2576 Springfield, IL 62708 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.37	Nonpriority creditor's name and mailing address CPS Distributors, Inc. 1105 West 122nd Ave. Westminster, CO 80234 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.10
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3.38	Nonpriority creditor's name and mailing address Crane Sales and Service PO Box 3365 Omaha, NE 68103-0365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$664.30
3.39	Nonpriority creditor's name and mailing address Croell Redi-Mix PO Box 1352 Sundance, WY 82729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,868.44
3.40	Nonpriority creditor's name and mailing address Cross Dillon Tire PO Box 81208 Lincoln, NE 68501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.83
3.41	Nonpriority creditor's name and mailing address Crossover Distribution 5 Park Lake Rd. Sparta, NJ 07871 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,591.00
3.42	Nonpriority creditor's name and mailing address CT Corporation System 330 N. Brand Blvd., Ste. 700 Attn: SPRS Glendale, CA 91203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.43	Nonpriority creditor's name and mailing address Dave Sherwood Family Medicine 570 Palmino Ridgway, CO 81432-0270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
3.44	Nonpriority creditor's name and mailing address Dex Media East, Inc. (Dexone) PO Box 78041 Phoenix, AZ 85062-8041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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3.45	Nonpriority creditor's name and mailing address Distribution, Inc. 6363 N. 70th St. PO Box 29166 Lincoln, NE 68529 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
3.46	Nonpriority creditor's name and mailing address Dodge City Concrete, Inc. 1105 E. Wyatt Earp Blvd. Dodge City, KS 67801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.92
3.47	Nonpriority creditor's name and mailing address Don Rutt Plumbing & Heating, Inc. PO Box 457 Hastings, NE 68901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,461.64
3.48	Nonpriority creditor's name and mailing address Don Svoboda Plumbing 790 Osborne Dr. East Hastings, NE 68901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.49	Nonpriority creditor's name and mailing address Double D Portable Restrooms, LLC 110 West County Rd. 12 Petersburg, NE 68652 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$479.25
3.50	Nonpriority creditor's name and mailing address DR Containers 657 County Rd. 13 Ithaca, NE 68033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.16
3.51	Nonpriority creditor's name and mailing address East Penn Manufacturing Co. PO Box 4191 Philadelphia, PA 19178-4191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.16

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3.52	Nonpriority creditor's name and mailing address Ehresmann Engineering 4400 W. 31st St. Yankton, SD 57078-9737 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,898.25
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3.53	Nonpriority creditor's name and mailing address Electronic Metrology Laboratory 318 Seaboard Lane, Ste. 105 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.00
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3.54	Nonpriority creditor's name and mailing address Emergency Physicians PO Box 912215 Denver, CO 80291-2215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.00
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3.55	Nonpriority creditor's name and mailing address Empire Southwest, LLC (Empire Cat) PO Box 29879 Phoenix, AZ 85038-9879 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,024.02
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3.56	Nonpriority creditor's name and mailing address Essink Drywall 1706 S. Holland Dr. Grand Island, NE 68803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.65
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3.57	Nonpriority creditor's name and mailing address Everest Business Funding (EBF Partners) 2001 NW 107th Ave., 3rd Floor Miami, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
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3.58	Nonpriority creditor's name and mailing address EZ Wireless 2800 NW 29th Ave. Portland, OR 97210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,531.50
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3.59	Nonpriority creditor's name and mailing address Fastenal Co. PO Box 978 Winona, MN 55987-0978 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.31
3.60	Nonpriority creditor's name and mailing address FDH Velocitel 1033 Skokie Blvd. Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,839.00
3.61	Nonpriority creditor's name and mailing address Ford Storage and Moving 10364 S. 136th St. Omaha, NE 68138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
3.62	Nonpriority creditor's name and mailing address Form I-9 Compliances 24 Corporate Plaza, Ste. 190 Newport Beach, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
3.63	Nonpriority creditor's name and mailing address G & V, Inc. 43544 Rd. 755 PO Box 26 Lexington, NE 68850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.64	Nonpriority creditor's name and mailing address Gem City Roofing 1311 S. 1st St. Laramie, WY 82070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,123.00
3.65	Nonpriority creditor's name and mailing address Gem, LTD 220019 Sunset Dr. Gering, NE 69341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.37

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3.66	Nonpriority creditor's name and mailing address General Electric Capital Corporation PO Box 35701 Billings, MT 59107-5701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,238.34
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3.67	Nonpriority creditor's name and mailing address H & E Equipment Service PO Box 849850 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$816.84
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3.68	Nonpriority creditor's name and mailing address Hall County Treasurer 121 S. Pine Street Grand Island, NE 68801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,676.86
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3.69	Nonpriority creditor's name and mailing address Hamilton Equipment Company 8801 Hwy. 6 Lincoln, NE 68507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,003.17
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3.70	Nonpriority creditor's name and mailing address Heartland Electric Chief Construction Co PO Box 4920 Grand Island, NE 68802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$958.36
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3.71	Nonpriority creditor's name and mailing address Heft & Sons, LLC 14081 I St. Greensburg, KS 67054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.96
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3.72	Nonpriority creditor's name and mailing address High Tower Solutions, Inc. 15225 Hwy. 36, Ste. 1 Bennington, NE 68007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,700.00
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3.73	Nonpriority creditor's name and mailing address HiTech, Inc. 6395 Lowell Rd. Gibbon, NE 68840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.51
3.74	Nonpriority creditor's name and mailing address Hooker Bros. Sand & Gravel, Inc. 3935 S. Locust St. PO Box 5134 Grand Island, NE 68802-5134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,867.63
3.75	Nonpriority creditor's name and mailing address Ideal Electric 123 East E ST. PO Box 945 Hastings, NE 68901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Assigned to Central Nebraska Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,568.00
3.76	Nonpriority creditor's name and mailing address Infinigy 2255 Seweell Mill Rd., Ste. 130 Marietta, GA 30362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,300.00
3.77	Nonpriority creditor's name and mailing address Infinity Wireless 429 Industrial Lane Grand Island, NE 68803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.78	Nonpriority creditor's name and mailing address Interstate Power Systems NW 7244 PO Box 1450 Minneapolis, MN 55485-7244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,927.37
3.79	Nonpriority creditor's name and mailing address Into The Wild, LLC 9263 Eastman Park Dr. Windsor, CO 80550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,182.72

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3.80	Nonpriority creditor's name and mailing address Isuzu Finance of American, Inc. 3020 Westchester Ave., Ste. 203 Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.81	Nonpriority creditor's name and mailing address Jacobi Carpet One Floor & Home PO Box 881 Third & Denver Hastings, NE 68902-0881 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,062.00
3.82	Nonpriority creditor's name and mailing address Jeb Dobberstein Roofing, LLC 5510 Oxen Ave. Kearney, NE 68845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.83	Nonpriority creditor's name and mailing address Johnnys on the Spot 1621 Papio Lane Cozad, NE 69130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.20
3.84	Nonpriority creditor's name and mailing address Joshua Scheer 37700 County Rd. 23 Severance, CO 80550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,417.54
3.85	Nonpriority creditor's name and mailing address JVD Leasing, LLC 620 Technology Circle Windsor, CO 80550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,940.00
3.86	Nonpriority creditor's name and mailing address Kalamata Capital 7315 Wisconsin Ave., Ste. 900 East Bethesda, MD 20814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390,000.00

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3.87	Nonpriority creditor's name and mailing address Kriz Davis PO Box 310353 Des Moines, IA 50331-0353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,719.11
3.88	Nonpriority creditor's name and mailing address Krutsinger Concete Benkelman, NE 69021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.30
3.89	Nonpriority creditor's name and mailing address LG Funding, LLC 1218 Union St., Ste. 2 Brooklyn, NY 11225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,690.00
3.90	Nonpriority creditor's name and mailing address Lincoln National Life Insurance Co. PO Box 0821 Carol Stream, IL 60132-0821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$880.15
3.91	Nonpriority creditor's name and mailing address Long Island Redi Mix 567 Topeka Ave. Long Island, KS 67647 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit - Harlan County Court Case No. CI16-0026</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,998.65
3.92	Nonpriority creditor's name and mailing address McGill Restoration 2821 Grebe St. Omaha, NE 68112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,850.00
3.93	Nonpriority creditor's name and mailing address Mid Plains Electric, Inc. 1304 4th St. Friend, NE 68359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,556.34

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3.94	Nonpriority creditor's name and mailing address Mid-State Engineering & Testing, Inc. 279 Road D Columbus, NE 68601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$503.00
3.95	Nonpriority creditor's name and mailing address Midwest Unlimited 1750 West O ST. Lincoln, NE 68528-1275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.36
3.96	Nonpriority creditor's name and mailing address Moeller Electric Enterprises PO Box 2 Byron, NE 68325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.12
3.97	Nonpriority creditor's name and mailing address Montana Cran Service 209 E. Edar Bozeman, MT 59715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.09
3.98	Nonpriority creditor's name and mailing address MRL Crane Service, Inc. 4332 Jergen Rd. Grand Island, NE 68801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.58
3.99	Nonpriority creditor's name and mailing address National Association of Tower Erectors 8 Second St. SE Watertown, SD 57201-3624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.100	Nonpriority creditor's name and mailing address Nebraska Crane 72779 Rd. 438 Bertrand, NE 68927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,101.40

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3.101	Nonpriority creditor's name and mailing address Nebraska Harvestore, Inc. 3201 S. 13th St. Norfolk, NE 68701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.22
3.102	Nonpriority creditor's name and mailing address Nebraska Trencher Sales, Inc. Ditch Witch of Omaha PO Box 45532 Omaha, NE 68145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.93
3.103	Nonpriority creditor's name and mailing address Net-Tech Technology, Inc. 14609 Prairie Corners Rd. Omaha, NE 68138-3940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267.44
3.104	Nonpriority creditor's name and mailing address NMC, Inc. PO Box 911784 Denver, CO 80291-1784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.18
3.105	Nonpriority creditor's name and mailing address Nuttelman Fencing 7460 W. 100th St. Kearney, NE 68845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00
3.106	Nonpriority creditor's name and mailing address Olsson and Associates PO Box 84608 Lincoln, NE 68501-4608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$615.00
3.107	Nonpriority creditor's name and mailing address P & M Steel Co. 4401 N. Westport Ave. Sioux Falls, SD 57107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$432.98

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3.108	Nonpriority creditor's name and mailing address Pacific Steel & Recycling 2828 Palmer PO Box 8477 MT 59980-7000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.88
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3.109	Nonpriority creditor's name and mailing address Patriot Crane and Rigging, LLC 2916 S. 132nd St., Ste. 138 Omaha, NE 68144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,376.00
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3.110	Nonpriority creditor's name and mailing address Paulsen, Inc. PO Box 17 Cozad, NE 69130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,200.27
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3.111	Nonpriority creditor's name and mailing address Payment Processing Center PO Box 78234 Phoenix, AZ 85062-8234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.112	Nonpriority creditor's name and mailing address Penske Truck Leasing PO Box 802577 Chicago, IL 60680-2577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,845.39
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3.113	Nonpriority creditor's name and mailing address Platte Valley Communications PO Box 505 Kearney, NE 68848-0505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,601.20
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3.114	Nonpriority creditor's name and mailing address Platte Valley Electric, LLC 502 West Front North Platte, NE 69101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,502.31
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3.115	Nonpriority creditor's name and mailing address PLIC-SBD Grand Island PO Box 10372 Des Moines, IA 50306-0372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.116	Nonpriority creditor's name and mailing address Primus Electronics 4180 E. Sand Ridge Rd. Morris, IL 60450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,238.44
3.117	Nonpriority creditor's name and mailing address Principal Financial Group PO Box 10372 Des Moines, IA 50306-0372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,244.97
3.118	Nonpriority creditor's name and mailing address ProBuild 2805 Lexington Ave. Butte, MT 59701-3286 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.39
3.119	Nonpriority creditor's name and mailing address Psychemidics Corp. PO Box 4163 Woburn, MA 01888-4163 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.50
3.120	Nonpriority creditor's name and mailing address Quality Red D Mix Co. PO Box 296 Edgar, NE 68935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$877.58
3.121	Nonpriority creditor's name and mailing address Quality Red D Mix Co. PO Box 296 Edgar, NE 68935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Assigned to Central Nebraska Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,354.33

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3.122	Nonpriority creditor's name and mailing address Quality Signs & Designs 1423 S. Webb Rd. Grand Island, NE 68803-5637 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,115.87
3.123	Nonpriority creditor's name and mailing address Quartz Creek Consulting PO Box 93 Pitkin, CO 81241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,150.00
3.124	Nonpriority creditor's name and mailing address R & C Welding & Fabrication, Inc. 880 E. Country Club Rd. Gering, NE 69341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,157.50
3.125	Nonpriority creditor's name and mailing address Ready Mixed Concrete Co. c/o Hugh Abrahamson, Attorney at Law 6901 Dodge St., Ste. 107 Omaha, NE 68132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment - Hall County Court Case No. CI04-2735</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,306.17
3.126	Nonpriority creditor's name and mailing address Red-D-Arc Welderentals PO Box 532618 Atlanta, GA 30353-2618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$831.76
3.127	Nonpriority creditor's name and mailing address Rexel-Colotex PO Box 844519 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,527.82
3.128	Nonpriority creditor's name and mailing address Ries & Associates, PC 6850 Green Meadow Dr. Helena, MT 59602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.35

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3.129	Nonpriority creditor's name and mailing address Roaring Fork Rentals PO Box 1670 Rifle, CO 81650 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577.80
3.130	Nonpriority creditor's name and mailing address Rocky Mountain Waterjet 2218 4th Ave. Greeley, CO 80631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.131	Nonpriority creditor's name and mailing address Rosenberger Site Solutions, LLC PO Box 4268 Lake Charles, LA 70606-4268 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,877.21
3.132	Nonpriority creditor's name and mailing address Sentry Electric, Inc. Box 30571 Lincoln, NE 68503-0571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.96
3.133	Nonpriority creditor's name and mailing address Sharp Electric 211 West 18th Cozad, NE 69130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,882.78
3.134	Nonpriority creditor's name and mailing address Site Pro 1, Inc. 7239 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,748.61
3.135	Nonpriority creditor's name and mailing address Slowey Construction, Inc. PO Box 113 Yankton, SD 57078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,160.72

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3.136	Nonpriority creditor's name and mailing address SOS Portable Toilets PO Box 1621 Hastings, NE 68902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.60
<hr/>			
3.137	Nonpriority creditor's name and mailing address Source Gas PO Box 660474 Dallas, TX 75266-0474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,571.29
<hr/>			
3.138	Nonpriority creditor's name and mailing address Specialized Crane & Rigging Tforce Energy Services 6143 S. Willow Dr., Ste. 320 Greenwood Village, CO 80111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,575.00
<hr/>			
3.139	Nonpriority creditor's name and mailing address Specialized Products PO Box 201546 Dallas, TX 75320-1546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.47
<hr/>			
3.140	Nonpriority creditor's name and mailing address Stainless A Business of FDH Velochitel 1033 Skokie Blvd., Ste. 320 Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,635.00
<hr/>			
3.141	Nonpriority creditor's name and mailing address Straight Line Construction Co. 94 N. Mission Dr. Pueblo West, CO 81007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,945.88
<hr/>			
3.142	Nonpriority creditor's name and mailing address Sunbelt Rentals PO Box 409211 Atlanta, GA 30384-9211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,460.59

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3.143	Nonpriority creditor's name and mailing address Sunstate Equipment Co. 5552 E. Washington St. Phoenix, AZ 85034 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$820.17
3.144	Nonpriority creditor's name and mailing address Sunstate Equipment Co. 5552 E. Washington St. Phoenix, AZ 85034 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,435.60
3.145	Nonpriority creditor's name and mailing address TB & K Construction, Inc. 89475 Hwy. 81 Crofton, NE 68730 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,636.19
3.146	Nonpriority creditor's name and mailing address Texas Communications 4309 Maple St. Abilene, TX 79602-8099 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.95
3.147	Nonpriority creditor's name and mailing address The Hartford PO Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,647.00
3.148	Nonpriority creditor's name and mailing address The Mountain States Co. 424 Russell St. Craig, CO 81625 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.149	Nonpriority creditor's name and mailing address Tommy's Johnnies PO Box 677 Scottsbluff, NE 69363-0677 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.31

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3.150	Nonpriority creditor's name and mailing address Tool Barn Rentals, Inc. 624 S. Webb Rd. Grand Island, NE 68803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,459.99
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3.151	Nonpriority creditor's name and mailing address TowerKraft Engineering, PC 216 E. 3rd St. Alliance, NE 69301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,750.00
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3.152	Nonpriority creditor's name and mailing address Trausch Dynamics 3727 Westgate Rd. Grand Island, NE 68803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.27
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3.153	Nonpriority creditor's name and mailing address U-Line PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$397.91
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3.154	Nonpriority creditor's name and mailing address UPS Lockbox 577 Carol Stream, IL 60132-0577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,084.34
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3.155	Nonpriority creditor's name and mailing address US Instrument Services PO Box 3037 Grapevine, TX 76099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,885.00
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3.156	Nonpriority creditor's name and mailing address Valmont Site Pro 7239 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Cornerstone Tower Service, Inc. Name	Case number (if known)	16-40787
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3.157	Nonpriority creditor's name and mailing address Van's Equipment Rental 4046 Joe Collier Dr. Dacono, CO 80514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,166.28
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3.158	Nonpriority creditor's name and mailing address Vogel West, Inc. c/o Hugh Abrahamson, Attorney at Law 6901 Dodge St., Ste. 107 Omaha, NE 68132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment - Hall County Court Case No. Ci04-2736</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,175.36
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3.159	Nonpriority creditor's name and mailing address Wagner Equipment Co. 18000 Smith Rd. Aurora, CO 80011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Transcript of judgment - Hall County District Court Case No. CI15-315</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,163.00
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3.160	Nonpriority creditor's name and mailing address Westco PO Box H Alliance, NE 69301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$657.90
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3.161	Nonpriority creditor's name and mailing address Western States Equipment PO Box 3805 Seattle, WA 98124-3805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.88
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3.162	Nonpriority creditor's name and mailing address White Cap Construction Supply PO Box 4852 Orlando, FL 32802-4852 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,608.71
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3.163	Nonpriority creditor's name and mailing address Windset Capital Corp. 4168 West 12600 South, 2nd Floor Riverton, UT 84096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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Debtor **Cornerstone Tower Service, Inc.** Case number (if known) **16-40787**

Name

3.164 Nonpriority creditor's name and mailing address **WRMB, Inc.**
c/o Jane F. Langan, Attorney at Law
1128 Lincoln Mall, Ste. 300
Lincoln, NE 68508
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$29,595.33**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: **Judgment - Hall County Court Case No. CI03-1470**
 Is the claim subject to offset? ☒ No ☐ Yes

3.165 Nonpriority creditor's name and mailing address **Wyoming Rents, LLC**
PO Box 57000
Casper, WY 82605-7000
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$2,111.68**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.166 Nonpriority creditor's name and mailing address **Ziembra Roof**
806 West 17th St.
PO Box 2043
Hastings, NE 68902-2043
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$1,046.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Barr Credit Services, Inc. Attn: Robyn Gmyrek 5151 E. Broadway Blvd., Ste. 800 Tucson, AZ 85711	Line 3.162 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Central Nebraska Collections 806 W. 2nd St. Hastings, NE 68901	Line 3.75 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Emily McElravy, Attorney at Law 1500 Woodmen Tower 1700 Farnam St. Omaha, NE 68102	Line 3.159 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Erin R. Robak, Attorney at Law 11404 W. Dodge Rd., Ste. 500 Omaha, NE 68154-2584	Line 3.76 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Patrick J. Calkins, Attorney at Law PO Box 440 Alma, NE 68920	Line 3.91 <input type="checkbox"/> Not listed. Explain _____	—
4.6	Wright Way Trans, LLC 1455 Levee Lane Cedar Hill, TX 75104	Line 3.15 <input type="checkbox"/> Not listed. Explain _____	—

Debtor **Cornerstone Tower Service, Inc.**
Name

Case number (if known) **16-40787**

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 176.19
5b. +	\$ 1,628,018.74
5c.	\$ 1,628,194.93

Fill in this information to identify the case:

Debtor name **Cornerstone Tower Service, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **16-40787**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Rental of storage unit - California**

State the term remaining

List the contract number of any government contract

A Patriot Storage

2.2. State what the contract or lease is for and the nature of the debtor's interest **Rental of storage unit - Colorado**

State the term remaining

List the contract number of any government contract

Guardian Self Storage

2.3. State what the contract or lease is for and the nature of the debtor's interest **Rental of storage unit located at 34 Pipkin Way, Belgrade, MT**

State the term remaining

List the contract number of any government contract

**Holland Properties, LLC
PO Box 146
Belgrade, MT 59714**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Rental of Colorado shop**

State the term remaining

List the contract number of any government contract

**James and Beth Scheer
37700 County Rd. 23
Windsor, CO 80550**

Debtor 1 **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **2013 GMC Sierra 2500**

State the term remaining

List the contract number of any government contract

Josh Scheer
37700 County Rd. 23
Severance, CO 80550

2.6. State what the contract or lease is for and the nature of the debtor's interest **Outdoor storage space rental - Colorado**

State the term remaining

List the contract number of any government contract

M.A. Linbald, LLC
1221 28th Ave., Ste. 1
Greeley, CO 80634

2.7. State what the contract or lease is for and the nature of the debtor's interest **Rental of Grand Island shop**

State the term remaining

List the contract number of any government contract

Stalker Development Limited 410 S. Webb
410 S. Webb Rd.
Grand Island, NE 68803

2.8. State what the contract or lease is for and the nature of the debtor's interest **Rental of Unit 114 - Grand Island record storage**

State the term remaining

List the contract number of any government contract

U-Haul
1730 S. Locust
Grand Island, NE 68801

2.9. State what the contract or lease is for and the nature of the debtor's interest **Lease of 2016 GMC, 2016 GMC Sierra 2500 crew cab, 2016 GMC Sierra, 2015 GMC Yukon**

State the term remaining

List the contract number of any government contract

WCG Leasing (Weld Co.)

Fill in this information to identify the case:

Debtor name **Cornerstone Tower Service, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **16-40787**

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- ☐ D
☐ E/F
☐ G

2.1

Street

City State Zip Code

2.2

Street

City State Zip Code

- ☐ D
☐ E/F
☐ G

2.3

Street

City State Zip Code

- ☐ D
☐ E/F
☐ G

2.4

Street

City State Zip Code

- ☐ D
☐ E/F
☐ G

Fill in this information to identify the case:

Debtor name Cornerstone Tower Service, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 16-40787

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

☒ Operating a business
☐ Other _____

\$1,384,872.00

For prior year:
From 1/01/2015 to 12/31/2015

☒ Operating a business
☐ Other _____

\$4,445,922.00

For year before that:
From 1/01/2014 to 12/31/2014

☒ Operating a business
☐ Other _____

\$6,272,618.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Ally	February, March, April 2016	\$21,033.58	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. Baxter Kenworthy Electric	February, March, April 2016	\$6,991.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. Blue Cross Blue Shield of Nebraska	February, March, April 2016	\$32,489.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance premiums</u>
3.4. Corporate Lodging Consultants, Inc.	February, March, April 2016	\$38,407.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. Dietzel Enterprises, Inc.		\$64,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Subcontractor</u>
3.6. First Insurance Funding Corp.	February, March, April 2016	\$48,440.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Work comp insurance</u>
3.7. Gerhold Concrete	February, March, April 2016	\$6,755.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Subcontractor</u>
3.8. Isuzu	February, March, April	\$19,654.11	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. New Tech Construction	February, March, April 2016	\$8,631.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Subcontractor</u>
3.10 Overland Sand and Gravel	February, March, April 2016	\$14,253.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Subcontractor</u>
3.11 Paypal	February, March, April 2016	\$8,210.27	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Materials/safety equipment</u>
3.12 Quartz Creek Consulting	February, March, April 2016	\$16,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Subcontractor</u>
3.13 Reed Electric	February, March, April 2016	\$11,272.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Subcontractor</u>
3.14 Rosenberger Site Solutions, LLC	February, March, April 2016	\$13,371.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Materials</u>
3.15 Site Pro 1, Inc.	February, March, April 2016	\$29,575.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Materials</u>
3.16 TCF Equipment Finance	February, March, April 2016	\$12,910.74	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 The Home Depot	February, March, April 2016	\$12,415.41	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Supplies</u>
3.18 EBF Partners, LLC	February, March, April 2016	\$24,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>MCA</u>
3.19 Fidelity Investments	February, March, April 2016	\$14,842.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>401 K</u>
3.20 First Insurance Funding Corp.	February, March, April 2016	\$33,894.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Work comp</u>
3.21 Internal Revenue Service	February, March, April 2016	\$115,589.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payroll taxes</u>
3.22 Kalamata Capital	February, March, April 2016	\$132,600.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>MCA</u>
3.23 LG Funding, LLC	February, March, April 2016	\$17,442.43	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>MCA</u>
3.24 New Life Church	February, March, April 2016	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Donations</u>

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 Weld County Garage	February, March, April 2016	\$11,556.70	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.26 Windset Capital	February, March, April 2016	\$25,178.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other MCA

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787****Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Resurrection Fellowship	Monetary donation for building project	6/5/16 through 7/3/15	\$400.00
	Recipients relationship to debtor None			
9.2.	New Life Church	Monetary for Move the Mountain project	6/5/15 through 5/13/16	\$32,600.00
	Recipients relationship to debtor None			
9.3.	GICC Boys Basketball	Monetary donation	11/24/15	\$100.00
	Recipients relationship to debtor None			
9.4.	Northwest Trap Team	Monetary donation - Brayden Scheer Trap sponsor	12/23/15	\$250.00
	Recipients relationship to debtor None			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	John C. Hahn		May 6, May 12 and May 17, 2016	\$11,717.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	124 Brianr Place #6 Belgrade, MT	5/1/15 to 12/31/15 - Shop
14.2.	9263 Eastman Park Drive Windsor, CO	1/1/11 to 10/31/14 - Shop
14.3.	246 Basher Drive #7 Windsor, CO	10/1/14 to unknown - Shop

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

Heritage Bank

James Scheer, Ken Stine,
Laurie Stithem, Anjanette
Jensen

Life insurance policies

☐ No
☒ Yes
20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787****Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
- ☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements**26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To
26a.1. Contryman & Associates	1999 to date (accountant)
26a.2. Vicki Obermiller	1999 to date (tax consultant)

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement

Debtor **Cornerstone Tower Service, Inc.**Case number (if known) **16-40787**

within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Debtor - internal Quickbooks**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

James L. Scheer

Owner/President

100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Debtor Cornerstone Tower Service, Inc.Case number (if known) 16-40787

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 6, 2016/s/ James Scheer

Signature of individual signing on behalf of the debtor

James Scheer

Printed name

Position or relationship to debtor PresidentAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

**United States Bankruptcy Court
District of Nebraska**

In re **Cornerstone Tower Service, Inc.**

Debtor(s)

Case No. **16-40787**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	10,000.00
Prior to the filing of this statement I have received	\$	10,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 6, 2016

Date

/s/ John C. Hahn

John C. Hahn 15068

Signature of Attorney

Jeffrey, Hahn & Hemmerling

5640 S. 84th Street, Suite 100

Lincoln, NE 68516

402-483-7711 Fax: 402-483-6133

bankruptcy@jhz.net

Name of law firm

**United States Bankruptcy Court
District of Nebraska**

In re **Cornerstone Tower Service, Inc.**

Debtor(s)

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Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 6, 2016**

Signature **/s/ James Scheer**
James Scheer

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of Nebraska**

In re **Cornerstone Tower Service, Inc.**

Debtor(s)

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Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 6, 2016**

/s/ James Scheer

James Scheer/President

Signer/Title